MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/523,337 **FILING DATE**

APPLICANT(S)

9/14/06

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11				1			61						
12				1			62						
13		1		1			63						
14		2		2			64						
15		1		1			65						
16		1		1			66						
17				1			67						
18		2		1			68						
19				3			69						
20	1		1				70						
21		1					71						
22		1		1			72						
23		1					73						
24	1						74						
25		1					75						
26		1		1			76						
27		1					77						
28	1		1				78						
29		1	1				79						
30							80						
31	1						81						
32							82						
33		1					83						
34			1				84						
35			1				85						
36			1				86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←	23	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	37		29				TOTAL CLAIMS						

PTO-1360 (REV. 2/03)